

# Request for Charity Care Assistance

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To Whom It May Concern,

I am writing to formally request assistance through your charity care program. I am currently facing financial difficulties that have made it challenging for me to cover my medical expenses.

Due to [brief explanation of circumstances, e.g., job loss, medical condition, etc.], I am unable to pay my medical bills and seek your support in obtaining charity care assistance.

Attached are the necessary documents that provide details of my financial situation, including [list of attached documents, e.g., income statements, tax returns, etc.].

I greatly appreciate your consideration of my request and look forward to your positive response.

Thank you for your attention to this matter.

Sincerely,

[Your Name]